

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	P-5727
	First Inventor	S. Tsang et al.
	Title	Detection of Enterovirus Nucleic Acid
	Express Mail Label	EL737851124US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria VA 22313-1450
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- ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
- ☒ Specification [Total Pages **36**]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **3**]
- Oath or Declaration [Total Pages **4**]
  - ☐ Newly executed (original or copy)
  - ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
    - ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- ☐ Application Data Sheet. See 37 CFR 1.76
- ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - ☐ Computer Readable Form (CRF)
  - Specification Sequence Listing on:
    - ☐ CD-ROM or CD-R (2 copies); or
    - ☐ Paper
  - ☐ Statements verifying identity of above copies

<b>ACCOMPANYING APPLICATION PARTS</b>	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment	
14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other:	

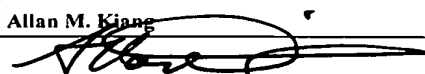
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>					
<input type="checkbox"/> Customer Number:		26253		or <input type="checkbox"/> Correspondence address below	
Name	Becton, Dickinson and Company				
Address	1 Becton Drive				
City	Franklin Lakes	State	New Jersey	Zip Code	07465
Country	US	Telephone	201-847-7111	Fax	201-848-9228

Name (Print/Type)	Allan M. Kiang	Registration No. (Attorney/Agent)	42,725
Signature		Date	January 16, 2004

This collection of information is required by 37 CFR 1.33(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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17364 U.S. PTO

011604

PTO/SB/17 (10-03)  
Approved for use through 07/31/2006. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL  
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$770.00

**Complete if Known**

Application Number	
Filing Date	January 16, 2004
First Named Inventor	S. Tsang et al.
Examiner Name	
Art Unit	
Attorney Docket No.	P-5727

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>	
<input checked="" type="checkbox"/> Deposit Account:		<b>Large Entity</b> <b>Small Entity</b>	
Deposit Account Number: 02-1666		Fee Code Fee (\$)	
Deposit Account Name: Becton, Dickinson and Company		Fee Description Fee Paid	
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
<b>Large Entity</b> <b>Small Entity</b>			
Fee Code Fee (\$)		Fee Description Fee Paid	
1001 770 2001 385 Utility filing fee		770.00	
1002 340 2002 170 Design filing fee			
1003 530 2003 265 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)		770.00	
<b>2. EXTRA CLAIM FEES FOR UTILITY AND</b>			
Total Claims 18 -20** = 0 X 18.00 = 0.00			
Independent Claims 2 -3** = 0 X 86.00 = 0.00			
Multiple Dependent			
<b>Large Entity</b> <b>Small Entity</b>			
Fee Code Fee (\$)		Fee Description Fee Paid	
1202 18 2202 9 Claims in excess of 20			
1201 86 2201 43 Independent claims in excess of 3			
1203 290 2203 145 Multiple dependent claim, if not paid			
1204 86 2204 43 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00	
**or number previously paid, if greater; For Reissues, see above			
		<b>Other fee (specify)</b>	
		SUBTOTAL (3) (\$)	

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Allan M. Kiang	Registration No. (Attorney/Agent)	42,725
Signature		Telephone	201-847-7111
		Date	January 16, 2004

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